Image# 29933398920

STATEMENT OF

FORM 1	ORGANIZAT (See instructions)			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	Cince use only
North Carolina	Hospital Association Political Act	ion Committee - Feder-		
ADDRESS (number and s	P.O. Box 4449			
(Check if address is changed)		<u> </u>		
is on angour	Cary		NC	27519 _ 4449
	С	ITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	_ ADDRESS (Please provide only one e-ma	ail address)		
(Check if address is changed)	ljones@ncha.org			
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address	1			
is changed)				
2. DATE 0 3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER C	C00194647		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my knowle	edge and belief it is true, correct ar	nd complete	
	Mr. Jamel Janes		·	
Type or Print Name of ⁻	Freasurer Mr. Jamal Jones			
Signature of Treasurer	Electronically Filed by Mr. Jamal Jo	ones	Date 03	25 Y 2009
NOTE: Submission of fals	se, erroneous, or incomplete information may su		•	_
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

		FEC F	form 1 (Revised 02/2009)	Page 2
5.	TYPE	OF CC	DMMITTEE (Check One)	
	Cand	lidate C	committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	e the candidate
	Namo Cano	e of didate		
		didate Affiliatio	Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Namo	e of didate		
	Party	/ Comm	ittee:	
	(d)		(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politi	ical Act	ion Committee (PAC):	
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:
			Corporation Corporation w/o Capital Stock	_abor Organization
				Cooperative
	(f)		χ In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ted fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fundra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
		Com	mittees Participating in Joint Fundraiser	
			1. FEC ID number	
			2. FEC ID number	
			3. FEC ID number	
			4. FEC ID number	

	FEC Form 1 (Revised 02	2/2009)		Page 3
Write or	r Type Committee Name			
No	rth Carolina Hospital	Association Political Action Committee -	Federal	
6. Nan	ne of Any Connected Org	ganization, Affiliated Committee, Joint Fundraisir	ng Representative, or Leade	rship PAC Sponsor
Nor	th Carolina Hospital	Association		
1 1				
Mail	ling Address	Post Office Box 4449		
		Cary	NC NC	27519
		CITY▲	STATE 🛕	ZIP CODE
Rela	ationship:			
X	Connected Organization	Affiliated Committee Joint Fund	draising Representative	Leadership PAC Sponsor
Full	session of Committee Name Lili	books and records.		
Title	e or Position ♥	CITY A	STATE &	ZIP CODE A
nar	me and address of any	and address (phone number optional) of the designated agent (e.g., assistant treasurer).		ttee; and the
of T	reasurer Mr. Ja	mal Jones		
Mai	iling Address	P.O. Box 4449		
		Cary	NC	27519 _ 4449
Title	e or Position 🔻	CITY A	STATE ▲	ZIP CODE A
	Director o	of Governme	elephone number	_ 677 _ 4231

FEC Form 1 (Rev	vised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address	·		
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Tel	ephone number	
9. Banks or Other Depos safety deposit boxes or	sitories: List all banks or other depositories in which the maintains funds.	committee deposits funds, ho	lds accounts, rents
Name of Bank, Deposite	ory, etc.		
 	3B&T		
Mailing Address	1821 S. Main St.		
	Wake Forest	NC NC	27587 _
	CITY 🗖	STATE₄	ZIP CODE 🛕
Name of Bank, Deposite	ory, etc.		
L			
Mailing Address			
	CITY 🙇	STATE △	ZIP CODE 🛕

safety deposit boxes or mainta Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
-	ganization, Affiliated Committee, Joint Fundraising Fociation Political Action Committee	Representative, or Leade	[ADDITIONAI
Mailing Address	325 Seventh St, NW		
	Washington	DC	20004
	CITY▲	STATE ≜	ZIP CODE
ationshin:	CITT	* *	
ationship: Connected Organization	X Affiliated Committee Joint Fundraising I		adership PAC Sponsor
			adership PAC Sponsor
Connected Organization Designated Agent			
Connected Organization Designated Agent Full Name			
Connected Organization Designated Agent			
Connected Organization Designated Agent Full Name			
Designated Agent Full Name Mailing Address	X Affiliated Committee Joint Fundraising R	Representative Lea	[ADDITIONAL]
Connected Organization Designated Agent Full Name			
Designated Agent Full Name Mailing Address	X Affiliated Committee Joint Fundraising I	Representative Lea	[ADDITIONAL]
Designated Agent Full Name Mailing Address	X Affiliated Committee Joint Fundraising I	Representative Lea	[ADDITIONAL]

ns funds.		
		[ADDITIONAL]
CITY 🛕	STATE ⊿	ZIP CODE 🛕
	epresentative, or Leader	[ADDITIONAL rship PAC Sponsor
3901 N. Central Ave.		
Phoenix	L AZ L	85012
CITY	STATE A	ZIP CODE
X Affiliated Committee Joint Fundraising Re	epresentative Lea	dership PAC Sponsor
		[ADDITIONAL]
	1 1 1 1 1 1 1	
CITY A	STATE▲	ZIP CODE A
Telepi	hone number	
Telepi	hone number	 [ADDITIONAL]
	anization, Affiliated Committee, Joint Fundraising Recommittee 3901 N. Central Ave. Phoenix CITY X Affiliated Committee Joint Fundraising Recommittee	CITY A STATE A anization, Affiliated Committee, Joint Fundraising Representative, or Leader committee Phoenix CITY A STATE A X Affiliated Committee Joint Fundraising Representative Lea

Banks or Other Depositories: safety deposit boxes or maintain:	List all banks or other depositories in which the committees funds.	e deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Repre	sentative, or Leade	[ADDITIONAL] ership PAC Sponsor
California Healthcare Ass	sociation PAC - Federal		
Mailing Address	P.O. Box 1100		
	Sacramento	CA	95812
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repre	sentative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telephone	e number	
Joint Fundraiser Participant			[ADDITIONAL]
1	FEC	ID number	

Banks or Other Depositories: safety deposit boxes or maintain		mittee deposits funds, hold	s accounts, rents
Name of Bank, Depository, etc.		ſ	ADDITIONAL]
Mailing Address			
	CITY 🗻	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundraising Re	epresentative, or Leaders	[ADDITIONAL ship PAC Sponsor
PAC of Missouri Hospita			
Mailing Address	P.O. Box 60		
	Jefferson City	LL LMO	65102
ationship:	CITY	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising R	epresentative Lead	lership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
	Telep	hone number	
Jaint Francisco Posticio			[ADDITIONAL]
Joint Fundraiser Participant	1 .	FEC ID number C	
		FEC ID number	

Banks or Other Depositories: safety deposit boxes or maintain		ittee deposits funds, hold	s accounts, rents
Name of Bank, Depository, etc.		ſ	ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga Montana Hospital Assoc	anization, Affiliated Committee, Joint Fundraising Rep	presentative, or Leader	[ADDITIONAL ship PAC Sponsor
Mailing Address	P.O. Box 1519		
	Helena	NAT	F0C04
			59604
ationship:	CITY	STATE 🛕	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Rep	presentative Lead	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE ∆	ZIP CODE A
	Teleph	one number	
loint Eundrainer Participent	·		[ADDITIONAL]
Joint Fundraiser Participant	l	EC ID number	
		EC ID Humber	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the commit s funds.	tee deposits funds, hole	ds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🗻	STATE ⊿	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Repr	resentative, or Leade	[ADDITIONAL]
	<u> </u>		
Mailing Address	4750 Lindle Road		
	Harrisburg		17105
Relationship:	CITY▲	STATE A	ZIP CODE ▲
Connected Organization	X Affiliated Committee Joint Fundraising Rep	resentative Lea	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE ∆	ZIP CODE A
	Telepho	one number	
Joint Fundraiser Participant			[ADDITIONAL]
	FE	C ID number	

Banks or Other Depositories safety deposit boxes or maintain		ee deposits funds, h	olds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	_ 		
	CITY 🛕	STATE. <u>⊿</u>	ZIP CODE 🛕
Name of Any Connected Ora	anization, Affiliated Committee, Joint Fundraising Repre	scontativo or Load	[ADDITIONAL
	f Texas Hospitals and Health Care Organization:		ersilip PAC Sporisor
THA - THE ASSOCIATION O	i Texas nospitais and nearth care organizations	SPAC	
Mailing Address	P.O. Box 679010		
	Austin	<mark>TX</mark>	78767
elationship:	CITY	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repre	esentative Le	eadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE. ▲	ZIP CODE A
	Telephon	e number	
Joint Fundraiser Participant			[ADDITIONAL]
	==0	ID number C	
		number סוי	

Banks or Other Depositories: safety deposit boxes or maintain		e deposits funds, h	olds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address		1	
	- 		
		1 . 1 1	
	CITY 🗻	STATE. <u>⊿</u>	ZIP CODE 🛕
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundraising Repre	sentative, or Lead	[ADDITIONAL ership PAC Sponsor
Healthcare Association		50man 70, 01	ording i we opened.
1.4-1.4-1.4-1.4	(7 1/21/21/21/21/21/21/21/21/21/21/21/21/21		
Mailing Address	923 Ward Avenue		
	Honolulu 	#	96814
	CITY▲	STATE A	ZIP CODE A
elationship:			
Connected Organization	X Affiliated Committee Joint Fundraising Repre	sentative Le	eadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
J			
Title or Position ▼	CITY &	STATE▲	ZIP CODE A
	Telephone	number	
			[ADDITIONAL]
Joint Fundraiser Participant		_	[,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	FEC	ID number C	L

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee	ee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Repre		
Mailing Address	One Empire Drive		
	Rensselaer	J LNY L	12144
Relationship:	CITY▲	STATE.▲	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repr	resentative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
			_
Title or Position ▼	CITY &	STATE.	ZIP CODE A
	Telephor	ne number	
Joint Fundraiser Participant			[ADDITIONAL]
<u>.</u>	FEC	C ID number	

Banks or Other Depositories: safety deposit boxes or maintain		mittee deposits funds, hold	s accounts, rents
Name of Bank, Depository, etc.	3.4	[ADDITIONAL]
Mailing Address			
	l		
	OITV	07475	710.0005
	CITY 🗻	STATE ⊿	ZIP CODE 🛕
Wisconsin Health and Ho	pspital Association Federal PAC d/b/a Wiscon	nsin Federal PAC	
Mailing Address	P.O. Box 259038		
	Madison	L L	53725
ationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Re	epresentative Lead	lership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE.▲	ZIP CODE A
	Telep	hone number	
Joint Fundraiser Participant			[ADDITIONAL]
	1		
	F	FEC ID number	

Image# 29933398934 Form/Schedule: F1A Amending Form to reflect affiliated organizations and lobbyist registrant information Transaction ID: